

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534037

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3		2					53						
4		1					54						
5		0					55						
6		1					56						
7		1					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		1					66						
17						1	67						
18						1	68						
19					1		69						
20					1		70						
21					1		71						
22					1		72						
23					1		73						
24					1		74						
25					1		75						
26					1		76						
27					1		77						
28					1		78						
29					1		79						
30					1		80						
31					1		81						
32					1		82						
33					1		83						
34					1		84						
35					1		85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41					1		91						
42					1		92						
43					1		93						
44					1		94						
45					1		95						
46					1		96						
47					1		97						
48					1		98						
49					1		99						
50					1		100						
TOTAL IND.	2												
TOTAL DEP.	14												
TOTAL CLAIMS	16												